in intercostal and bulbar region. Knee-jerks present. No evidence of syphilis.

III.—Male, thirty-eight years of age, without signs of syphilis. Two years ago transient diplopia, which has now become permanent. Bilateral abducens paralysis. Loss of knee-jerks. Weakness in legs. Romberg's symptom.

The author assumes the presence of a nuclear lesion in all of the cases, and emphasizes the diagnostic and prognostic value of similar observations. (Neurolog. Centralblatt, 1892, No. 2.) W. M. L.

FURTHER STUDIES ON SYPHILIS OF THE CENTRAL NERVOUS SYSTEM.

The "Centralblatt f. Nervenheilkunde und Psychiatrie" contains a communication by Moeli and Marinesco which presents some additional facts in regard to these cases. The report was worked up from four cases, the first of which presented as the only symptom, complete paralysis of the motor oculi. The pathological conditions found at post-mortem examination consisted of a tumor in the posterior cerebral region, simple infiltration, and degeneration of the nerve trunks with adhesions of the meninges. Another case was one of gumma of the pons, with alterations in the vessels of the cord. There were no characteristic symptoms during the life of the patient, pointing to tumor. A third case was gumma of the posterior column, with distinct diminution in the gray matter of the central spinal canal. Considerable atrophy could be seen in the region of the nuclei of the hypoglossus, the median part of the crus, and in Broca's centre. The nerve trunks were normal. Clinically the disease had not presented a single indication of paralysis, but symptoms pointing to polyneuritis. The fourth case showed a small spot of softening in the pons. There was some degeneration in the nerve fibres of the olivary body and of the arcuatæ interna. The authors submit the following *résumé* of the microscopical findings in these cases. In the syphilitic cases, the alterations found in the vessels were of an inflammatory character, and indicated degenerative changes consisting of hyaline thickening of the vessel wall with, in some instances, an almost entire obliteration of their lumen. The alteration in the nerve tissues seemed to be brought about by the disturbance of circulation due to the changes in the vessel wall resulting from the syphilitic poison. The primary disturbance was rarely found to be confined to Goll's column, the entire posterior columns were usually involved. The so-called syphilitic tabes cases did not present a clearly degenerative type of change in the cord. It was well known that other forms of poison could bring about degenerations in the cord, and to differentiate was not so easy. It was very probable that the degeneration in the nerve fibres was the result of a primary disturbance of the nerve centre; that the poison acted at first upon the ganglion cells, and that the change in the nerve fibre was a secondary degeneration. It is not yet positive by any means that tabes is the direct consequence of such changes. The writers admit, however, a hyperplastic form of syphilitic tabes, such as pseudo-tabes and syphilitic myelitis—conditions from which, with a proper appreciation of the case, recovery can be expected from. B. M.

EPILEPTIFORM ATTACKS FROM TÆNIA.

Martha has gathered twenty-two observations where epileptiform attacks could undoubtedly be traced to the presence of tænia. According to him the attacks are not much different from those of classic epilepsy. Expulsion of the parasite causes cessation of the spasms. Yet the attack has not the characteristic brusqueness of true epilepsy. The patient finds time to throw himself upon a bed, or to call for help, while grave injuries and falls are exceptional. The initial cry, biting of the tongue, and frothing at the mouth are inconstant signs and of no great diagnostic importance. The convulsive and comatose periods are of longer duration than in true epilepsy; the attacks have a tendency to become periodic. The male sex is more frequently attacked than the female. Nervous hereditary or personal antecedents have no important influence. Unilateral movements are not regularly observed as in true epilepsy. (Arch. Général de Méd., Nov. and Dec., 1891.) F. H. P.

CEREBRAL HEMORRHAGE FROM INFLUENZA.

Virchow presented to the Medical Society of Berlin the brain of a young man of twenty years, who succumbed to the grippe. The principal lesion was a hemorrhage situated in the cerebral cortex of the left